Header Section 2 Blocks A to E Section 2 Blocks F to L Section 3 Section 4 Review and Signate Blocks BataYear: 2016 State: CO Service Provider Identification Number (SPIN): 143002496 Study Area Code (SAC): 462196 ETC Name: Peetz Cooperative Telephone Co (An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service). If the Holding Company Name or DBA/Marketing/Branding name does not differ from the ETC name, enter 'N/A'	eview and Signature
DataYear: 2016 State: CO Service Provider Identification Number (SPIN): 143002496 Study Area Code (SAC): 462196 ETC Name: Peetz Cooperative Telephone Co (An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).	
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If the Holding Company Name or DBA/Marketing/Branding name does not differ from the ETC name, enter 'N/A'	ice).
If the ETC does not have a holding company name or a DBAMarketing/Branding name, please select 'Other' and enter 'N/A'	
DBA, Marketing or Other Branding Name:	
Holding Company Name: THE PEETZ COOPERATIVE TE	

Does the reporting company have affiliated ETCs? $_{\rm Yes}$ O $_{\rm No}$ $_{\rm \ensuremath{\bullet}}$

Provide a list of all ETCs that are affiliated with the reporting ETC. Affiliation shall be determined in accordance with section 3(2) of the Communications Act.

That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

Save and Continue

Save and Exit

FCC Form 555	Instructions	Preview PDF
Header Section 2 Blocks A to E Section 2 Blocks F to L Section 3	Section 4 Review a	and Signature
Section 2 Blocks A to E		
Annual Recertification		
SPIN: 143002496		
SAC: 462196		
Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.		
Were subscribers claimed on the February FCC Form 497 of the current Yes $\ \odot$ No $\ \bigcirc$	nt FCC Form 555 cale	endar year?
A. Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February FCC)	bruary data month): 2	
B. Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to	o wireline resellers: 0	ndonsod on on an analysis participation of the state of t
C. Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.);	0	
D. Number of subscribers de-enrolled prior to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC:	0	
E. E = (A-B-C-D). Number of subscribers ETC is responsible for recertifying for current Form 555 cale	endar year: 2	
Save and Go Back Save and Continue Save and Exit		

FCC Form 555	Instructions	Preview PDI
Header Section 2 Blocks A to E Section 2 Blocks F to L Section 3	Section 4 Review	v and Signature
Section 2 Blocks F to L		
Annual Recertification		
SPIN: 143002496		
SAC: 462196		
Were any subscribers reviewed by a state administrator, ETC access to		
an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be across No O	not in Blocks K and L. A	s a result, all
K. Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC:	0	
L. Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC:	0	
Name of the data source or sources used to verify consumer eligibility:	PEETZ COOP TELE	PHONE
Did the ETC directly contact any subscribers to recertify eligibility throu Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be access. No O	I subsequently contacted I not in Blocks K and L. A	s a result, all
F. Number of subscribers ETC contacted directly to recertify eligibility through attestation:	2	
G. Number of subscribers responding to ETC contact:	2	
H. H = (F-G). Number of non- responding subscribers:	0	
I. Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.):	0	
J. J = (H+I). Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt:	0	
Save and Go Back Save and Continue Save and Exit		

FCC F	orm 555			Instru	ctions	Preview PDF
Header	Section 2 Blocks A to E	Section 2 Blocks F to L	Section 3	Section 4	Review a	nd Signature
Section 3						
De-enroll Percent	tage					
Using the data entered	tin Section 2, complete the chart SPIN: 143002496 SAC: 462196	below to find the percentage of	subscribers de-en	rolled for this E1	rc.	
	ober of subscribers that the ETC a access to a state database, or by		•	1	2	
N. N=(J+L). Number response or ineligib	er of subscribers de- enrolled or s bility:	cheduled to be de- enrolled as a	result of non-		0	
O. O = (N / M) * 10 of ineligibility or not	Percentage of subscribers de- n-response:	enrolled or scheduled to be de-e	enrolled as a result		0	
Save and Go Bac	Save and Continue	Save and Exit				

FCC F	Form 555		ZASZASTANISTA WAZAN	Instru	ctions	Preview PDF
Header	Section 2 Blocks A to E	Section 2 Blocks F to L	Section 3	Section 4	Review a	and Signature
Section 3						
De-enroll Percent	tage					
Using the data entered	in Section 2, complete the chart SPIN: 143002496 SAC: 462196	below to find the percentage of	subscribers de-en	rolled for this ET	°C.	
	0.40. 402100					
	ber of subscribers that the ETC a access to a state database, or by		•	ı	2	
N. N=(J+L). Number response or ineligible.	er of subscribers de- enrolled or s bility:	cheduled to be de- enrolled as	a result of non-		0	
O. O = (N / M) * 10 of ineligibility or nor	Percentage of subscribers de- n-response:	enrolled or scheduled to be de-e	enrolled as a result	ı	0	
Save and Go Bac	Save and Continue	Save and Exit				

FCC Form 555

Instructions

Preview PDF

Header

Section 2 Blocks A to E

Section 2 Blocks F to L

Section 3 Section 4

Review and Signature

Section 4

ETCs Subject to the Non-Usage Requirements

SPIN: 143002496

SAC: 462196

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes O No

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

Save and Go Back

Save and Continue

Save and Exit

FCC	Form 555			Instruc	tions	Preview PDF
Header	r Section 2 Blocks A to E	Section 2 Blocks F to L	Section 3	Section 4	Review ar	nd Signature
Review and	d Signature					

	Castian 1					
ſ	-Section 1					
	SPIN: 143002496					
SAC: 462196						
	Section 1: Initial Certification All ETCs must complete this section.					
	I certify that the company listed above has certification procedures in place to:					
-	A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or					
	B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.					
	I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.					
	Section 1 Initial DW					

- Section 2————————————————————————————————————	
A. Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month):	2
D. N. J. Land Charles and an Enhancer COO Form 407 of surrout Form FEE colonder year provided to wireling recollers:	0
B. Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers:	
C. Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555	0
calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.):	
D. Number of subscribers de-enrolled prior to recertification attempt by either the ETC, a state administrator, access to an	0
eligibility database, or by USAC:	
To a company of the second sec	2
E. E = (A-B-C-D). Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year:	2
F. Number of subscribers ETC contacted directly to recertify eligibility through attestation:	2
G. Number of subscribers responding to ETC contact:	2
H. H = (F-G). Number of non- responding subscribers:	0
11. 11 = (1-0). Number of non-responding substitutions.	
	0
I. Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.):	0
J. J = (H+I). Number of Subscribers De-enrolled or Scheduled to be De- Enrolled as a Result of Non-Response or	0
Response of Ineligibility from ETC recertification attempt:	
K. Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by	0
USAC:	
New hours Contractions do paralled as school and to be do paralled as a result of finding of inclinibility by state	0
L. Number of Subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC:	
M. M = (F+K). Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC	2
access to a state database, or by USAC (This should equal the number reported in Block E):	
N. N=(J+L). Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility:	0
O. O = (N / M) * 100) Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or	0
non-response:	
그 집에 가게 되는 것이 없는 그들은 사람들이 없는 것이 하는 것이 없는 것이다.	

AND/OR B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on: PEETZ COOP TELEPHONE (List database or name of administrator here, if applicable) Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification of SAC listed above. Section 2B Initial OR C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the curren Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Section 2C Initial Certification By entering my Name and Title below, I certify that the company listed below is in compliance with all federal Lifeline certification procedures. I am an of the company named below. I am authorized to make this certification for the Study Area Code (SAC) listed below. Date: O1/24/2017 Signature of Officer By logging into my account and clicking this form. Printed Name and Title of DANNY WOOD, PRESIDENT Certification Form KATHY GLASSBSURN Contact Phone Number (123-123-1234)			o recertify the continued eligibility of all of it subscribers attesting to their continuing elig amed above. I am authorized to make this o	s Lifeline subscribers, and that, to the best of ibility for Lifeline. Results are provided in the certification for the SAC listed above.
B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on: PEETZ COOP TELEPHONE (List database or name of administrator here, if applicable) Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification of SAC listed above. Section 2B Initial OR C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Section 2C Initial Certification By entering my Name and Title below, I certify that the company listed below is in compliance with all federal Lifeline certification procedures. I am an of the company named below. I am authorized to make this certification for the Study Area Code (SAC) listed below. Date: 01/24/2017 Signature of Officer By logging into my account and clicking the Certify button below, I am electronically signing this form. Printed Name and Title of Officer DANNY WOOD, PRESIDENT Contact Phone Number 970-334-2220	Section 2A Initial	DW	77400	
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C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Section 2C Initial Certification By entering my Name and Title below, I certify that the company listed below is in compliance with all federal Lifeline certification procedures. I am and of the company named below. I am authorized to make this certification for the Study Area Code (SAC) listed below. Signature of Officer By logging into my account and clicking the Certify button below, I am electronically signing this form. Printed Name and Title of Officer DANNY WOOD, PRESIDENT Email Address of Officer peetztel@peetzplace.com Officer Person Completing This KATHY GLASSBSURN Contact Phone Number 970-334-2220	Results are provided in the cha SAC listed above.	art above in Blocks K through L. I am	an officer of the company named above. I	am authorized to make this certification for the
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Section 2C Initial Section 2C Initial Person Completing This KATHY GLASSBSURN Section 2C Initial Section 2C Initial Danny named above. I am authorized to make this certification for the SAC listed above. I am authorized to make this certification for the Study Area Code (SAC) listed below. Date: 01/24/2017 Signature of Officer By logging into my account and clicking the Certify button below, I am electronically signing this form. Printed Name and Title of Officer Danny WOOD, PRESIDENT Email Address of Officer peetztel@peetzplace.com Contact Phone Number 970-334-2220			OR	
Person Completing This KATHY GLASSBSURN Printed Name and Title below, I certify that the company listed below is in compliance with all federal Lifeline certification procedures. I am an of the company named below. I am authorized to make this certification for the Study Area Code (SAC) listed below. Date: 01/24/2017 By logging into my account and clicking the Certify button below, I am electronically signing this form. Printed Name and Title of Officer Person Completing This KATHY GLASSBSURN Contact Phone Number 970-334-2220	C.) I certify that my company d Form 555 calendar year. I am a	id not claim federal low income suppo an officer of the company named abo	ort for any Lifeline subscribers for the Febru ve. I am authorized to make this certification	uary Form 497 data month for the current on for the SAC listed above.
By entering my Name and Title below, I certify that the company listed below is in compliance with all federal Lifeline certification procedures. I am an of the company named below. I am authorized to make this certification for the Study Area Code (SAC) listed below. Date: 01/24/2017 Signature of Officer By logging into my account and clicking the Certify button below, I am electronically signing this form. Printed Name and Title of Officer DANNY WOOD, PRESIDENT Email Address of Officer peetztel@peetzplace.com Person Completing This KATHY GLASSBSURN Contact Phone Number 970-334-2220	Section 2C Initial			
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Ferson Completing This RATHT GLASSISSINN		DANNY WOOD, PRESIDENT	Email Address of Officer	peetztel@peetzplace.com
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Initials in Section 2A are required.